

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1361 51

The correct age is especially important. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Prince Frederick</u> Md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Maggie</u>	(First) (Middle) (Last) <u>Balden</u>	4. DATE OF DEATH <u>2-18-1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landress</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>83 yrs.</u>
13. FATHER'S NAME <u>Benjamin Smallwood</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert Co. Md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY No.		14. MOTHER'S MAIDEN NAME <u>P</u>	
17. INFORMANT <u>Little Bell Prince Frederick Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary sclerosis occlusion</u>		
Antecedent cause(s) (b) <u>Generalized sclerosis</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... 11:30 A.M., from the causes and on the date stated above.

SIGNATURE <u>Ed. Williams</u>	(Degree or title)	ADDRESS <u>St. Thomas</u>	DATE SIGNED <u>2/19/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2-20-51</u>	NAME OF CEMETERY OR CREMATORY <u>Carroll's</u>	LOCATION (City, town, or county) (State) <u>Calvert Md</u>
DATE REC'D BY LOCAL REG <u>2-20-51</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u>	ADDRESS <u>Prince Frederick Md</u>

643846

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
ED 20 1951
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Parran (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Parran</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Parran, Calvert Co. Md.</u>		STREET ADDRESS (If rural give location) <u>Parran, Calvert Co. Md.</u>	
3. NAME OF DECEASED (First) <u>Phyllis</u>	(Middle) <u>Lee</u>	(Last) <u>Brown</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>26</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Child</u>	8. DATE OF BIRTH <u>July 30, 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>6</u> yrs. <u>27</u> Months <u>27</u> Days <u>27</u> Hours <u>27</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Calvert County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Carroll Brown</u>		14. MOTHER'S MAIDEN NAME <u>Olivea Reid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY No.	
(If year, give war or dates of service)		17. INFORMANT <u>Matthew</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
493x Immediate cause (a) <u>pneumonia</u>		
109 Antecedent cause(s) (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1951, to 2/26, 1951, that I last saw the deceased alive on 2/25, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE <u>M. Weener</u>	(Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2-28-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Agnes</u>	LOCATION (City, town, or county) <u>Calvert</u> (State) <u>md.</u>
DATE REC'D BY LOCAL REG. <u>2-26-51</u>	REGISTRAR'S SIGNATURE <u>H. H. Hard</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u>	ADDRESS <u>P. E. Sewell, Md.</u>

20730017140V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1951
U.S. AIR FORCE

Reg. Dist. No. 57

VS. A15

1. PLACE OF DEATH- COUNTY Calvert		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Calvert	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Solomons		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Solomons	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Paul J. Pateck		4. DATE OF DEATH (Month) (Day) (Year) FEB. 28 1951	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb 15 1872
9. AGE last birthday 79 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?	14. MOTHER'S MAIDEN NAME P	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ?	
16. SOCIAL SECURITY No. 466-01-2264		17. INFORMANT AND ADDRESS MR G. E. BOWEN - Solomons, Md	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Crushing injury of chest			
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) accident		PLACE (Home, farm, factory, street, office bldg., etc.) Solomons (CITY OR TOWN) Calvert (COUNTY) Md (STATE)	
TIME (Month) (Day) (Year) (Hour) Feb 27 1951 3:30 p.m.		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? suita accident			
22. I hereby certify that I attended the deceased from Med. Examiner , 19 3:50 A , to 7:28/51 , that I last saw the deceased alive on 3:50 A , 19 3:50 A , and that death occurred at 3:50 A , from the causes and on the date stated above.			
SIGNATURE Med. Examiner		ADDRESS Med. Examiner	
DATE SIGNED 7/28/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Mar. 5, 1951	
NAME OF CEMETERY OR CREMATORY Calvert County Cemetery		LOCATION (City, town, or county) Solomons (State) Md	
DATE REC'D BY LOCAL REG. 3-2-51		REGISTRAR'S SIGNATURE H. H. Ward	
24. FUNERAL DIRECTOR A. A. Harkness & Son		ADDRESS Frederick, Md	

RECEIVED
MAY 9 1951
BUREAU OF
NAVY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1364

CERTIFICATE OF DEATH

Reg. Dist. No. 51

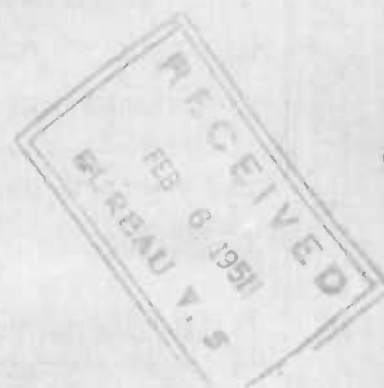
1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Barstow Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Barstow Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co Hospital</u>		STREET ADDRESS (If rural, give location) <u>Prince Frederick Md.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Eliza</u> (Middle) <u>Commodore</u> (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) <u>2</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>about 1886</u>
9. AGE last birthday <u>64</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Md.</u>	
13. FATHER'S NAME <u>Major Commodore</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Commodore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Sarah Parker, Prince Frederick Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary Thrombosis</u>			
420-1 Antecedent cause(s) (b) <u>Heart Failure - Generalized</u>			
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>5 years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 27</u> , 19 <u>51</u> , to <u>Feb 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>51</u> , and that death occurred at <u>4:50</u> Am., from the causes and on the date stated above.			
SIGNATURE <u>Edwillan</u> (Degree or title)		ADDRESS <u>54 Remond</u> DATE SIGNED <u>2/5/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>2-5-51</u>	<u>Browns Chapel</u>	<u>Calvert Md</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2-5-51</u>	<u>X M Hard</u>	<u>P.E. Sewell</u>	<u>Prince Frederick Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1365 57

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u> <u>md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Catherine</u>	(First) <u>E.</u> (Middle) <u>King</u> (Last)	4. DATE (Month) (Day) (Year) OF DEATH <u>2</u> - <u>3</u> - 19 <u>57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept 29, 1916</u> 4 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday Months Days Hours Min.
13. FATHER'S NAME <u>Randolph Berry</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Elizabeth King</u>	
16. SOCIAL SECURITY No.		17. INFORMANT <u>Elizabeth King, Prince Frederick, Md.</u>	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			<u>3 days</u>
(a) Immediate cause <u>Cerebral Hemorrhage</u>			
(b) Antecedent cause(s) <u>9040 186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u> <u>accident</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>Home</u>	(CITY OR TOWN) <u>Prince Frederick</u>	(COUNTY) <u>Calvert</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fall</u>	
22. I hereby certify that I attended the deceased from <u>2/3</u> , 19 <u>57</u> , to <u>2/3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>57</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Page Jett</u>		ADDRESS <u>Prince Frederick</u> DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2-4-51</u>	NAME OF CEMETERY OR CREMATORY <u>Int. Olive</u>	LOCATION (City, town, or county) (State) <u>Calvert, Co., Md.</u>
DATE REC'D BY LOCAL REG. <u>2-4-51</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u> (M.P.)	24. FUNERAL DIRECTOR <u>P. E. Seewell</u> ADDRESS <u>Prince Frederick, Md.</u>	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Breezy Point</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Catherine</u> (Middle) <u>Mills</u> (Last) <u>Mills</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 10 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 11 1893</u>
9. AGE last birthday <u>77</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. FATHER'S NAME <u>Samuel Mills (William M.)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Carter</u>	
15. SOCIAL SECURITY No. <u>2-10-51</u>		16. INFORMANT AND ADDRESS <u>Capitol Heights, Md. Esther Herbert. 806 57th Ave.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Carcinoma of Uterus</u>			
153x Antecedent cause(s) (b) <u>Frostbite of Both Feet</u>			
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Psychotic (Paranoid)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 4, 1951, to Feb. 10, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

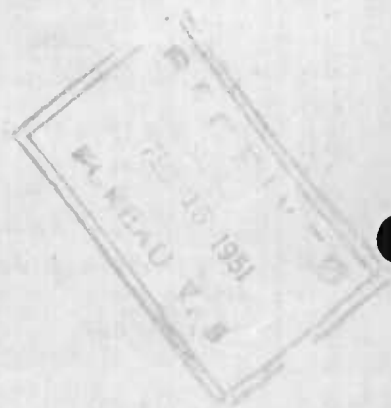
SIGNATURE Samuel Mills (Degree or title) ADDRESS Princess Frederick DATE SIGNED 2/10/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>2/13/51</u>	NAME OF CEMETERY OR CREMATORY <u>Congressional Cem.</u>	LOCATION (City, town, or county) (State) <u>Washington, D.C.</u>
DATE REC'D BY LOCAL REG. <u>2-10-51</u>	REGISTRAR'S SIGNATURE <u>D. H. Hard</u>	24. FUNERAL DIRECTOR <u>Chambers</u>	ADDRESS <u>Wash, D.C.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1367

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u> LENGTH OF STAY (in this place) <u>11 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>North Beach</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>James</u> <u>Walter N. Williams, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 12</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 24, 1883</u>
9. AGE last birthday <u>67</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Montgomery County, Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter (Sawyer)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James B. Williams</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Pastel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If year, give war or dates of service) <u>war I</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mary Williams - North Beach Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Carcinoma (retum)</u>		
154X Antecedent cause(s) (b) <u>46d</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1951, to 2/12, 1951, that I last saw the deceased alive on 2/12, 1951, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>2-14/51</u>	<u>Cedar Hill Cem.</u>	<u>Shantland Md.</u>
DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2/12/51</u>	<u>H. W. Ward</u>	<u>Wm. J. J. Co.</u>	<u>564 246</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300 - 4th St. N.E. Wash., D.C.

